```
function ValidateSignup() { if
(document.getElementById('idEmail').value.replace(/^s+|s+$/g,"").length == 0)
                                            document.getElementById('idEmail').focus();
alert("Please enter your email address.");
              } else if (document.getElementById('idFirstName').value == "")
return false;
alert("Please enter your First Name.");
                                        document.getElementById('idFirstName').focus();
                 else if (document.getElementById('idLastName').value == "")
return false;
                                         document.getElementById('idLastName').focus();
alert("Please enter your Last Name.");
             } else if (document.getElementById('idZip').value == "") {
                                                                              alert("Please
                         document.getElementById('idZip').focus();
enter your Zip Code.");
                                                                        return false;
       { return true; } }
else
                                     1. What are your top priorities on health care? (check all that a
```

Controlling insurance cost increases

Guaranteeing insurance despite preexisting conditions and job changes

Providing basic coverage to all U.S. citizens

Protecting Medicare for seniors

Making sure new programs do not increase debt to our children

Other

## 2. How much have your health care premiums gone up in the last three years?

Decreased, or no change

Increased less than 50%

Increased 50%-100%

More than doubled

On COBRA

On Medicare

On Medicaid

On Tricare/VA

Uninsured/Other

## 3. Do you favor a public insurance option to compete with insurance companies to lower co

A public insurance option should be available in all states

Each state should decide if it wants a public insurance option

No state should be allowed to provide a public insurance option

The public option should be triggered only in states with out-of-control costs

Other Comments:

(255 character max)

\* Email:

First Name:

\* Last Name:

Zip:

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\* indicate required fields.

All responses will be kept confidential.

<sup>\*</sup> Participating will sign you up for the e-newsletter.